HAMILTON PSYCHIATRIC HOSPITAL

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COMMUNITY
ADVISORY
BOARD

1992 ANNUAL REPORT

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People with mental illnesses should be locked up...people with mental illnesses can't have children...if you have a psychiatric disorder, you must be dangerous... Those are just some of the myths surrounding people who have mental illness.

THEY'RE JUST NOT TRUE.

A psychiatric hospital should no longer conjure up a picture right out of a gothic horror novel. When you think of one, think instead of a modern, dynamic teaching hospital where patients rarely stay in their beds, where volunteers push tuck carts and students come to learn, where families of patients meet each other and friends come to visit.

BUT THAT'S NOT ALL.

Now think of your neighbourhood. The therapist at the local clinic, the waitress at your favourite pub, the support group that meets in your local church, the presentation being made to your child's class...those are just some of the services HPH performs *in your community.*

So when you think about HPH, don't picture "the hospital on the hill." Think instead of your own neighbourhood and all the helping services and people you can find right there, which are dedicated to assisting people with a mental illness to lead the lives they desire in their own communities.

NOW THAT'S AN ACCURATE PICTURE.

"A psychiatric disorder is a chronic condition"

MESSAGE FROM THE CHAIRPERSON AND ADMINISTRATOR

Last year we reported that Hamilton Psychiatric Hospital had entered a new period of transition and our annual report focused on our programmatic approach to the provision of clinical services. In this year's report, we hope you will find a useful description of the outcomes of our ongoing transition into an organization that focuses on services, not beds, and on providing those services in the community wherever possible, rather than inside the hospital. For the foreseeable future, there will be a need for inpatient services and hospital beds for the population we serve. The people we serve, however, certainly tell us their preference is to ensure their stay in hospital is as infrequent as possible, and for as short a period of time as possible.

The Community Advisory Board and senior management team at HPH are committed to realizing the wishes of our patients for a hopeful future, which include living in the community with whatever level of support needed. Our staff have the interest, expertise and talent to find ways to provide hope. We are committed to allowing the creativity of staff to flourish, and to recognize them for their considerable contributions to all aspects of life at our hospital, from patient care and support services to academic excellence and community development.

One of the tools we have chosen to use over the past two years has been strategic planning. We did not meet our goal of completing the plan by year end as mentioned in last year's report. However, we had a good reason: consultation. In order to ensure that there was ample opportunity for critical appraisal by a wide range of interested stakeholders throughout all five regions served by HPH, we extended the deadline for completion to March 31, 1993.

Our community partners, in the care and treatment of the population served by HPH, have never been so vital to our continued success as an organization. We must ensure that a comprehensive range of services is available to all patients discharged and cannot do this without the support and collaboration of our community partners. We also need support and encouragement, in planning changes in services, from the five district health councils in our referral area. In recognition of this fact, our Community Advisory Board/Senior Management Retreat in 1992 focused on community support services and linkages, and the potential role of community advisory board members in assisting the hospital and community organizations to forge new affiliations to better serve our patient population and to serve them closer to home.

Community Advisory Board members continue to provide valuable advice to the administrator and Minister of Health in managing this transition. We are indebted to each board member for many hours of volunteer service. We were sorry that, due to other personal commitments, two of our long-standing board members, Chris Williams and Dennis Concordia, had to resign in 1992. We are encouraged, however, by the wide-ranging interest of citizens from throughout the referral area who have expressed an interest in filling these vacancies.

As chair and administrator, we both want to convey our sincere appreciation to all staff and volunteers for their continued commitment to our patients. The economic woes of the province and our country have added to the challenge of managing change. We are hopeful for the future because we have so many talented and dedicated people to assist us in achieving our goals.

We hope you will enjoy reading the 1992 Annual Report.

Carol Gooding, Chairperson

Wayne Fyffe, Administrator

"There's no way a person with a mental illness can hold a 'regular' job"

"WHAT HAVE I GOT FROM MY JOB PLACEMENT THROUGH HPH?...A TRANSFORMATION FROM A DESPERATE SITUATION TO AMALGAMATION OF WORK AND COMMUNITY SATURATION AND SOCIAL PENETRATION."

MIKE MCDONAGH

TRAINING PLACEMENTS AND SUPPORTED EMPLOYMENT

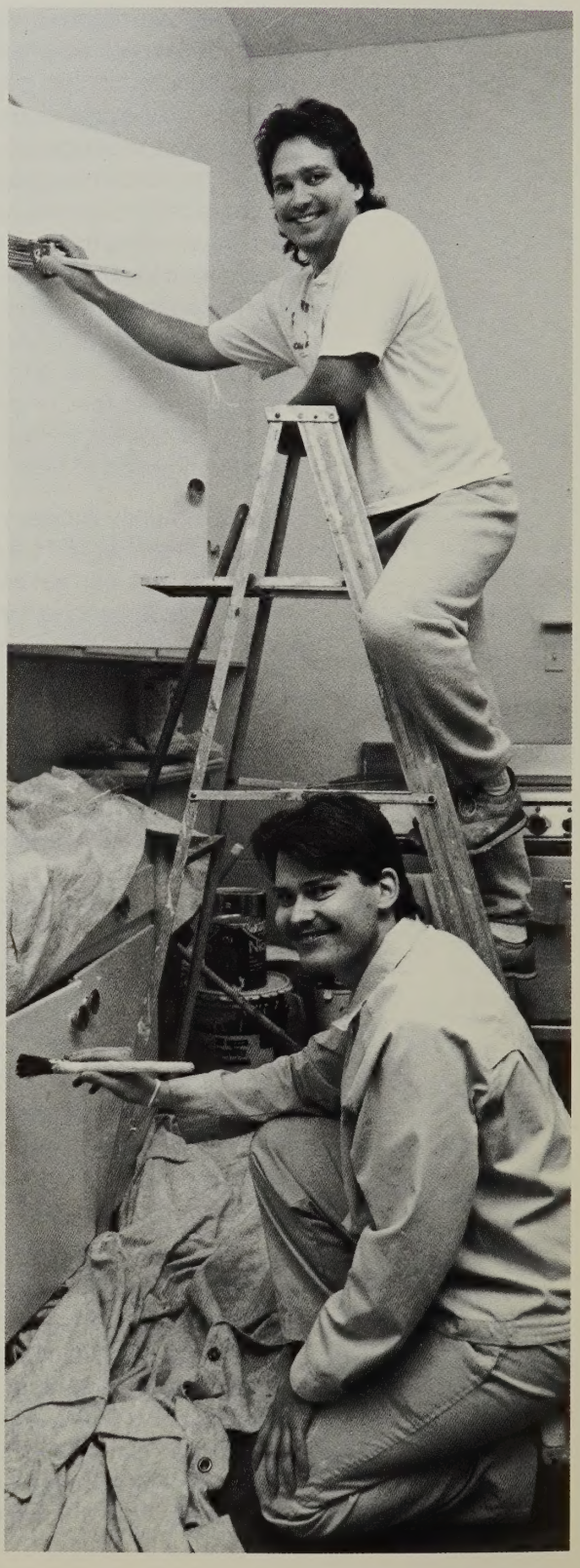
The quantity and quality of our training placements and supported employment positions is probably one of our best-kept secrets. From restaurants and research departments to pet and plant stores, our Vocational Services staff find our clients work in a variety of businesses across the five regions we serve. Working in community settings provides practical employment experience, builds self-esteem and enables clients to work towards their career goals.

A Training Placement is an arrangement with a community business which allows a client to learn work skills and gain experience by performing real work in a normal work environment. The duties and hours of the job are tailored to meet the needs of the workplace and the client. During the placement, we provide assistance with training, a training allowance and ongoing support.

The client's progress is monitored through regular contact between the employer, vocational counsellor and client. Employers often hire our clients at the end of a placement. In Supported Employment, our clients are hired by a company and are paid a competitive wage while continuing to receive workplace support such as job coaching and follow-up.

Our clients have a wide range of skills and interests. Many developed their illness as young adults and are therefore looking for entry-level positions; others have technical or professional training with many years of experience.

While our clients benefit from the opportunity to re-enter the workforce and regain financial independence, employers benefit from the use of extra staff during training placements. If a client is hired upon completion of a placement, the employer gains a trained employee with a full system of supports...and the satisfaction of helping someone get back on their feet. In fact, the whole community benefits for, as we help strengthen someone else, so does our whole community become stronger.



"People with a mental illness can get better on their own if they want to"

BRANT COUNTY GERIATRIC MENTAL HEALTH OUTREACH PROGRAM

"I ENTERED THE JOHN NOBLE HOME THREE YEARS AGO. I DIDN'T CARE WHETHER I LIVED OR DIED. THROUGH DR. LECLAIR'S VISITS, MEDICATION AND CARING ATTITUDE, I BEGAN TO GET BETTER. WITHOUT HIM AND HIS TEAM, I DON'T KNOW WHERE I WOULD BE TODAY. THERE IS HOPE FOR THOSE WHO FEEL HOPELESS."

LEONE SMILEY

After only two years in operation, this unique and innovative project has proved so successful that the region of Niagara is now mounting the same model for its own residents. Its goal is simple: to improve life for elderly people who have late onset mental health disorders by helping them and their caregivers manage with their care at home—wherever home may be.

What makes the program so effective is its 1-2-3 combination of patient care, caregiver resources and support, and community development.

1. The program's Home Visit Team takes referrals, makes assessments, and recommends treatment and management methods to the clinicians responsible.

2. Our Information Resource Service provides indirect consultation on problems and referrals to appropriate community services right over the telephone. We provide the information you need when you need it—quickly and conveniently. The resource service will also obtain clinical information on specific client issues from the multidisciplinary team.

3. We've developed some very special partnerships. To increase the number and quality of local health professionals in Brant County who are able to serve this population, we offer health care workers a clinical and educational rotation with the outreach program. Such projects enhance the care of the elderly by developing inhouse resources of the participating organizations and by promoting coordination and collaboration. We also have developed the Geriatric Mental Health Community Interagency Group, with representation from nine agencies, to both increase understanding of the needs of this client population as well as to enhance the professional's education through problem-based learning.

Since the program started in 1991, its staff have worked with 254 patients. Not one has been readmitted to HPH.

"IT HAS PROGRAMS THAT WE CAN ATTEND TO KEEP OURSELVES BUSY AND COLLEEN HAS BEEN SUPPORTIVE OF ME IN MANY WAYS, ALONG WITH DR. KRUGER. IT'S NOT HAVING TO GO TO HOSPITAL BECAUSE COLLEEN AND DR. KRUGER COME TO SEE ME AT HOME WHEN I'M SICK AND HE RECOMMENDS PILLS FOR ME AND I CAN TALK WITH THEM THERE."

TRUDY SEINEN

COMMUNITY PARTNERSHIPS

Most people don't realize it, but we're in the business of prevention and promotion. In fact, we assign nearly 40 HPH clinicians to either work full-time in a community clinic or agency in your community or to provide regular services and consultations there.

We believe that regional co-ordination of primary, secondary and tertiary health services, including mental health care services, facilitates high quality service to individuals and communities. Whenever possible, we believe people who have psychiatric disorders should receive assessment, treatment and follow-up services as close their home as possible.

"THE EXIT TEAM HAS BEEN GOOD FOR ME."

FREEMAN OSTERTAG

Here's a list of where you can find us:

HPH STAFF WORKING FULL-TIME AT AFFILIATED ORGANIZATIONS:

Chedoke-McMaster Hospitals
- Outpatient Psychiatry

St. Joseph's Hospital (Hamilton)
- East Region Mental Health Services
- Emergency Psychiatric Service
- Community Psychiatric Service

Wellington Psychiatric Outreach Program

Adult Mental Health Services, Haldimand-Norfolk

HPH STAFF ALSO PROVIDE COMMUNITY SERVICES AND/OR CONSULTATIONS FROM EACH OF OUR 12 PROGRAMS. A PARTIAL LIST OF COMMUNITY LOCATIONS AND SERVICES INCLUDE:

- Brant County Geriatric Mental Health Outreach Program
- St. Catharines General Hospital
- Welland County General Hospital
- Greater Niagara General Hospital
- Oakville-Trafalgar Memorial Hospital
- Joseph Brant Memorial Hospital
- The Brantford General Hospital
- Health Education and Learning for the Handicapped Service
- Christian Latvian Evangelical Lutheran Church Centre
- Pastoral visits to hospitals, lodging and nursing homes
- Hamilton-Wentworth Board of Education
- East Region Mental Health Services
- Community Housing Co-ordination Service
- Exit Team
- Rehabilitation Services
- Community Long Term Care Program
- Geriatric Psychiatry Community Team

In addition, we strive to educate consumers, families, affiliated health care professionals and the public about the diseases we treat. As a consumer or family member, you'll experience this firsthand with members of our interdisciplinary team on each unit, or through groups like the Hamilton Manic Depressive Support and Education Group or at the mental health conference our Community Advisory Board sponsors every year with the Canadian Mental Health Association, Hamilton-Wentworth. Or perhaps you're a health care or social services professional who has benefited from the courses or workshops our Educational Services Department has co-ordinated, either at HPH or delivered to your community agency.

Wherever you need us, we try to be there.

"People with a mental illness can't take care of themselves"

THE EXIT TEAM

Patients who have been hospitalized for many years are often unwilling to leave. A hospital can become home for them; it offers safety, routine and protection. If they've lost basic life skills due to lengthy rehospitalizations, who wants to try to relearn them in a fast-paced world that showed little patience even when the onset of the disease first presented?

Enter the Exit Team. A pioneering group started three years ago, it is the job of one social worker and three nurses to discover the emotional and physical barriers which have prevented their patients from returning to community living, and to do "whatever it takes" to help not only patients but their families, home operators, and community health professionals overcome those barriers.

A referral to the Exit Team begins an intense process that can last anywhere from one month to two years before a patient is ready to leave HPH. The team carries out an exhaustive assessment of patient charts to glean clues as to personality, fears which will present barriers, needs and abilities and responses to past events. The team works with the patient every step of the way, from learning to take the bus to mapping out key services in their new neighbourhood to organizing finances and medication routines.

"I'M FREE ON MY OWN."

DANNY LARSEN

Trust is the key to helping patients make what can be a very traumatic move. Clients are finally willing to move because they trust the team; they know they will not be left alone until they are confident that they can look after themselves. Follow-up may continue from 12 to 24 months.

And it works.

Seventeen people are now living with satisfaction in their community of choice, despite rehospitalizations that, for some, lasted over 20 years. All live in supported housing, such as a Home For Special Care or a nursing home, with the exception of Danny Larsen. For 10 years, he had been in and out of HPH; his most recent stay lasted two years. Now he lives independently in his own apartment.

Because of the team's success, there are fewer long-stay patients who need their help. Now they propose that HPH diverts the same commitment to working with patients with a history of repeat admissions to discover the underlying causes, and to work with them as they have with the former long-stay patients—to help them become even longer-stay community neighbors.

"BECOMING INVOLVED IN HARP CERAMICS AND GIFTS HAS ENABLED ME TO EMERGE FROM MY SHELL AND I DON'T EVER WANT TO CRAWL BACK INSIDE THERE."

MARJORIE MEISSNER

HARP CERAMICS AND GIFTS

The HPH Ceramics Workshop—as it was formerly known—is our own "jewel in the crown."

For over 15 years, the workshop has provided opportunities for people with chronic and long-term psychiatric disorders to receive work training and skills development. In fact, it has been so productive that over 400 ceramic pieces a week are distributed to clients—and the operations have expanded to that scope without any aggressive marketing!

In the past year, staff and clients have worked hard to change the ceramics area from a sheltered workshop on HPH grounds to an affirmative business operating in the community.

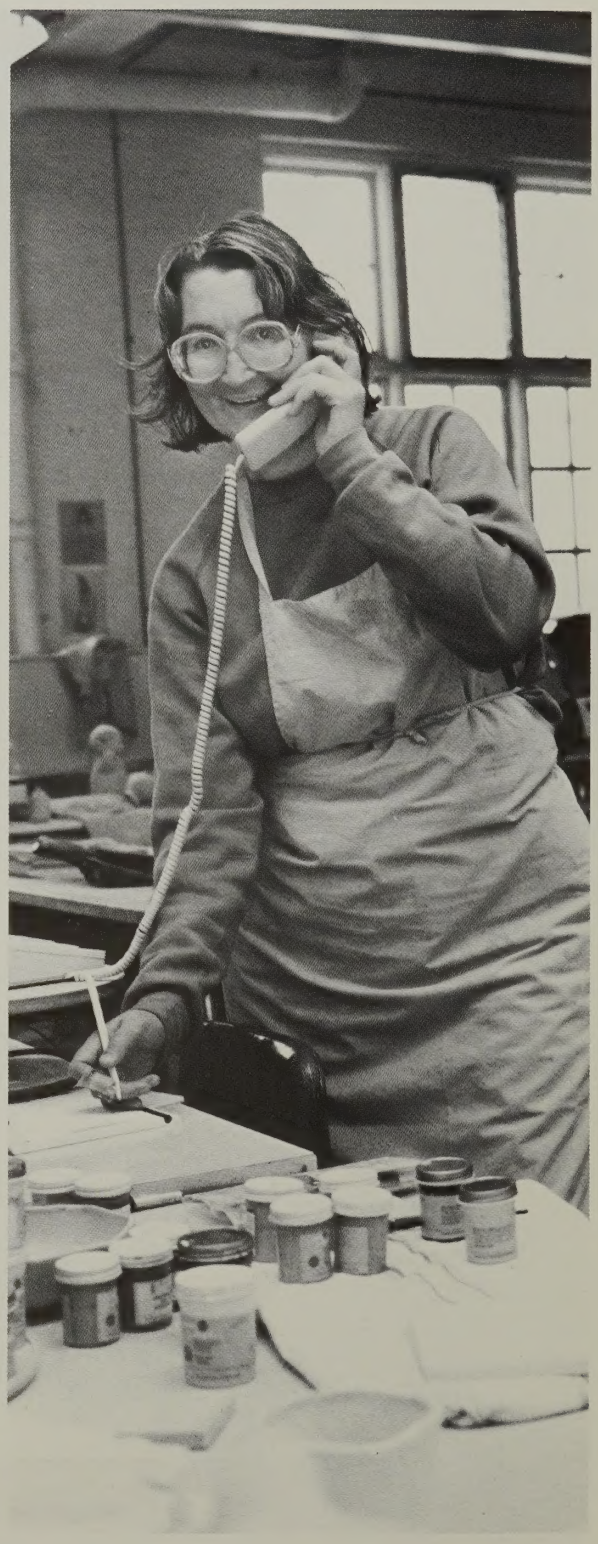
An affirmative business is in line with recent provincial government initiatives, mandating Ontario's psychiatric hospitals to adapt a psychosocial rehabilitation approach and to develop community-based, consumer-driven vocational programs. HARP—which stands for *Helping and Rehabilitating People*—will be a non-profit business, owned and operated by former psychiatric patients and will provide the opportunity for the flexible employment they need in a realistic work environment with competitive wages.

We're ready for the move. A board of directors, composed of consumer, hospital and community representatives, is in place and is actively assisting us with focusing the direction, an appropriate storefront location is being searched for, and moving day has been circled on the calendar for June.

Preliminary results from other, similar programs indicate that a consumer's involvement in an affirmative business significantly reduces use of formal mental health services. Our own clients have told us how meaningful their work at HARP is to them. In a success-oriented society which measures an individual's worth by his work, our clients say their work at HARP is purposeful and meaningful both to them and others, and develops feelings of acceptance, independence, and accomplishment.

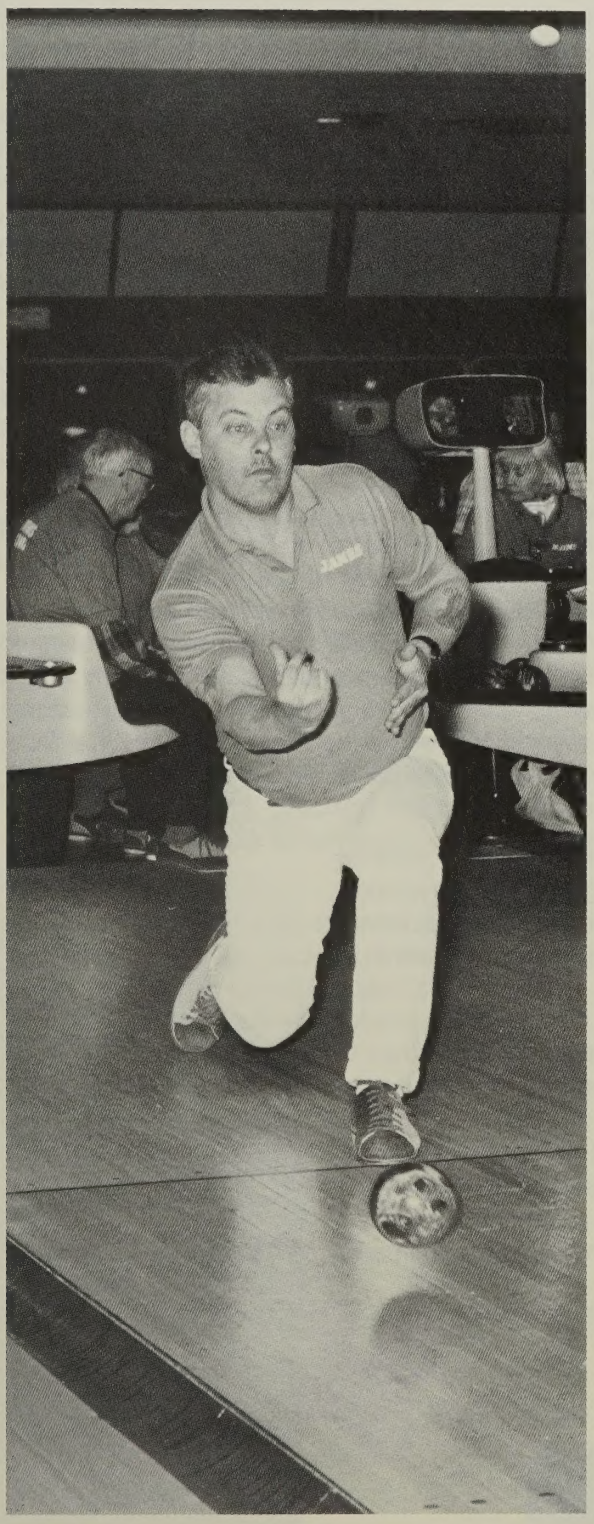
As one of our clients said, "You get a good feeling when you've done a day's work. It's a sense of accomplishment and job satisfaction."

Don't we all relate to that?



"I HAD PROBLEMS SLEEPING, I HEARD VOICES, I WAS RESTLESS. AT HPH, I GOT ON THE PROPER MEDICATIONS AND I'M NORMAL NOW. I HAVE MORE CONFIDENCE IN MYSELF. I'VE BEEN AT MY BOARDING HOME FOR FIVE YEARS AND I LOVE IT. THERE WILL BE A TIME IN MY LIFE WHEN I MOVE OUT AND GET AN APARTMENT."

JAMES MALCOLM



COMMUNITY HOUSING

James is one of the nearly 300 residents who benefit from the continuous assistance of our Community Housing service, which administers two Ministry of Health housing programs—Homes for Special Care (HSC) and Approved Family Homes—for adults with chronic psychiatric disabilities. Located across the five regions HPH serves, all of the homes provide support and care around the clock in a homelike atmosphere.

While Approved Family Homes provide transitional, short-term housing for patients who need to test their community living skills as a stepping-stone toward semi-or-independent living, HSC homes provide permanent, long-term housing for people who, due to the severity of their disorder or length of hospitalization, are unable to manage in the community without extensive support.

Both programs offer recreation, rehabilitation and life skills education as well as psychiatric follow-up and frequent Housing staff visits. Residents form Residents' Councils in each home to discuss and resolve potential problems. Self-help and peer support are also encouraged as a means of strengthening the individual.

And Community Housing clients do remain in the community.

In fact, only 18 percent are readmitted to hospital, usually for a short period of time. While it's hard to measure the cost of a person's self-esteem and personal satisfaction, we do know this program has positive ramifications for our health dollars: it costs only $15,000 a year to house each Approved Home or HSC client compared to approximately $60,000 for non-profit housing or hospitalization.

As one HSC operator says, "This program is important for people. It satisfies all their needs. They're in the community and living a whole life again."

"People with a mental illness should stay in hospital forever"

THE SCHIZOPHRENIA PSYCHOSOCIAL REHABILITATION PROGRAM

"I'VE MADE A BIG IMPROVEMENT IN MY LIFE BECAUSE I WENT TO HPH AND THE B-2 (SPRP) PROGRAM. THEY HELPED ME LIVE IN THE COMMUNITY WITH THE SUPPORT THAT I NEEDED FROM THE HOSPITAL. ALL THE STAFF ARE DEDICATED PEOPLE WHO GIVE THE MOST OF THEIR ABILITY TO HELP OTHER PEOPLE 'GET OUT'."

BEN VAN DOREN

Hope. Empowerment. Partnership.

Those are the values which inspire and embolden both the patients and the staff of our Schizophrenia Psychosocial Rehabilitation Program as patients work toward regaining the control that schizophrenia has stolen from their lives and learning the life skills that will eventually support them in successful community living.

The Schizophrenia Psychosocial Rehabilitation Program (SPRP) was established in 1990 to assist patients to acquire the skills and supports necessary for successful and satisfying functioning in the community. Patients are adults with schizophrenia who have a history of prolonged or repeated hospitalizations and who, previously, had not been able to live out of hospital successfully. Patients may stay on the program's 31-bed inpatient unit as long as they need to—there's no minimum or maximum length of stay. While there, they will participate in extensive assessments and program, hospital, and community activities, such as cooking groups, conversation groups, vocational services and recreational activities while learning the skills they need to move into the community.

After the program's direction of psychosocial rehabilitation was established, together staff developed the principles which guides their efforts in all areas, whether it be patient care, teaching or research.

They are:

- Every person has the potential for growth,
- The *person* should be emphasized (rather than the disease),
- People have the right and ability to participate in making decisions regarding their own lives,
- A person's functioning is a complex interaction between the person and his or her environment, and,
- An *active* collaborative multidisciplinary approach must be the standard.

While the concept of psychosocial rehabilitation is not new, its application to an inhospital setting with this specialized population of patients is. In fact, HPH renovated a unit specifically tailored to the rehabilitation needs of the SPRP patients within the last year. The unit's contemporary decor matches the sophisticated styling one expects to find in a model home, and the detail and design were tailored to meet the various needs of a group or individual, from visiting to learning to leisure activities.

Says the program's director, Helen Kirkpatrick, "Hope is really important; that is, the belief that things can be better. These are not people who are recovered and are just getting on with their lives. They're still working with their illness and yet they're getting on with their lives too."

Thanks to these program innovations, philosophical shifts and increased outreach, future patients may avoid lengthy hospitalization. No longer will patients be admitted to HPH with the unspoken assumption that it will become home.

Our patients' homes, like that of anyone, belong in the community.

"All mental health patients belong in an institution"

"THE ANNEX"

"THINGS FEEL SAFE, SECURE. I SEE IT AS A STEP (TO) MOVING INTO A PLACE OF MY OWN."

PETER WHITE

For Peter, living in his own apartment provides the opportunity to become self-reliant, to explore choices, and to become independent. He and the other four tenants of "the Annex" share a wide range of skills, symptoms and dreams, and they also share difficulties with living independently in the past. With that in mind, staff from the Schizophrenia Psychosocial Rehabilitation Program searched for the past year to find suitable housing for such patients, a place where each tenant can become independent in his or her own apartment yet live in one location for mutual support.

The Kenneth David Soble Towers—or "the Annex"—proved the perfect answer.

Under our agreement with the Hamilton-Wentworth Housing Authority, which owns and operates the apartment complex, and the Hamilton Program for Schizophrenia, eight bachelor apartments are protected for SPRP patients. They become tenants under the Landlord and Tenant Act, sign their own lease and take responsibility for their own apartments. A ninth unit is used for teaching; SPRP team members remain involved with the tenants on a daily basis, teaching, coaching and helping them practice the life skills which they need to live on their own.

While the concept of supported housing is not new, this project is unique because of the patient population it serves. The Annex project is showing that, despite having severe and chronic schizophrenia, such patients can live on their own. These people represent the beginnings of a new generation—a generation which will never have to be institutionalized again.

PURPOSE

The purpose of the Community Advisory Board shall be to promote community awareness and understanding of mental health issues, identify and respond to the mental health care needs of the communities the hospital serves, and assist the administrator in providing the highest possible standard of care to the patients of Hamilton Psychiatric Hospital by:

1. Establishing and maintaining a close working relationship with all agencies providing services for the mentally ill;
2. Co-operating and consulting with district health councils and other planning groups;
3. Consolidating information on local mental health needs and concerns, and identifying those which the hospital should address;
4. Fostering the development of community relations in the areas served by the hospital;
5. Reviewing and monitoring the hospital's programs in order to determine whether the hospital is meeting the needs of its catchment area; and,
6. Advising the Minister of Health on important issues which may affect the hospital in fulfilling its mandate to provide high quality mental health services to the regions it serves.

HPH Community Advisory Board (seated, l.-r.): Ruth O'Donnell, Mary-Ann McNamara,* Carol Gooding, Neil Pauls, Susan Voss, Dianne Smithson; (standing, l.-r.): Dr. Rick Guscott,* Richard Grigg, Dr. Glenn Watson, Doug McAuley, Bernd Beilschmidt, Dr. David Dawson,* Margaret Morrison, Dr. Susan French, Wayne Fyffe.*

(*ex-officio)

"People with a mental illness can't have families"

CAB REPRESENTATION

1 Carol Gooding
Margaret Morrison
Chris Williams

2 Dennis Concordia
Dr. Susan French
Richard Grigg
Doug McAuley
Dianne Smithson

3 Ruth O'Donnell
Dr. Glenn Watson

4 Bernd Beilschmidt
Larry Thibideau

5 Dr. John Lavery
Neil Pauls
Susan Voss

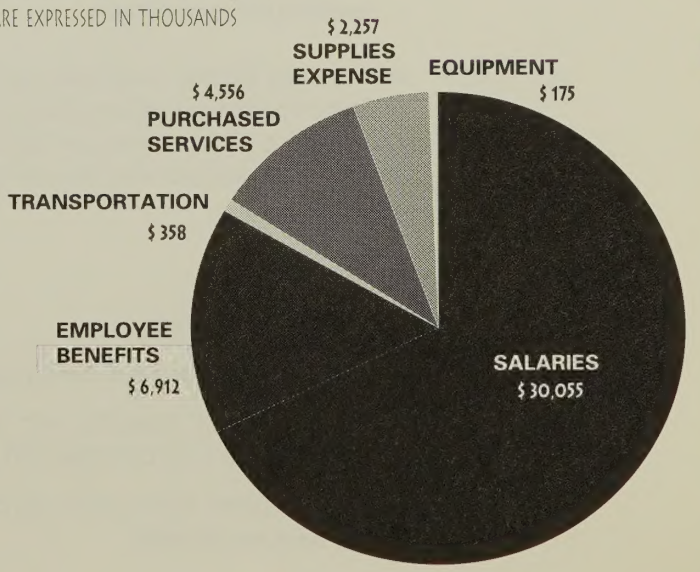
1992 FINANCIAL STATISTICS

GENERAL INFORMATION

	1990	1991	1992
Rated Bed Capacity	502	502	350
Beds Set Up	322	287	287
Staff	736	735	716
Number Of Admissions	945	849	861
Number Of Discharges	952	850	850
Number Of Registered Outpatient Contacts	23,079	23,423	31,409
Number Of Registered Outpatient Attendances	54,302	50,161	44,987

FORECAST SUMMARY

FIGURES ARE BASED ON PROJECTED ACTUAL FOR FISCAL YEAR ENDING MARCH 31, 1993 AND ARE EXPRESSED IN THOUSANDS



HAMILTON PSYCHIATRIC HOSPITAL MISSION STATEMENT

OUR MISSION is to work together with adults with severe psychiatric disorders, their families and their communities to achieve successful treatment, rehabilitation and reintegration.

WE BELIEVE

- Each patient is a unique person.
- Each person has spiritual, cultural, mental, physical, social and economic needs which must be considered to achieve the potential for wellness.
- Our staff is our most vital resource, and they deserve a professionally-satisfying work environment which fosters learning.
- Care is an essential element of service to patients.
- Understanding of the disorders we treat and acceptance of the people affected by them will be achieved through education and advocacy.
- Collaborative planning with all hospital and community partners will ensure a comprehensive range of services offered as close to home as possible.
- Active research in diagnosis, treatment and rehabilitation, within HPH and in partnership with others, will ensure better care for the people we serve now and in the future.
- A high level of quality should be assured in all endeavours undertaken.

WE SERVE

HPH serves the five neighbouring Ontario regions of Brant, Haldimand, Halton, Hamilton-Wentworth and Niagara. Our patients are adults with severe psychiatric disorders who require specialized programs for:

- Schizophrenia,
- Affective disorders,
- Dementia with a major behavioural disorder,
- Developmental disability with a psychiatric or major behavioural disorder, and,
- Acquired brain injury with a psychiatric or major behavioural disorder.

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Relations Publiques
Hôpital Psychiatrique de Hamilton
C.P. 585
100, 5ième rue ouest
Hamilton, Ontario
L9L 2B3
Téléphone: (416) 388-2511, Ext. 4253

layout & design
david lemmond
photography
rob tatlock
MCMASTER UNIVERSITY AUDIO VISUAL SERVICES